

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/527202**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$

10 REASON:	
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

8 TO BE REFUNDED BY:	
	Treasury Check
	Credit Deposit A/C #:
9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>--</span> </div> </div>

11 REFUND REQUESTED BY: _____	
TYPED/PRINTED NAME: _____ SIGNATURE: _____ OFFICE: _____	<b>TITLE:</b> _____ Adjustment Date: 8/25/2005 PKIDWELL 03/13/2005 SHAJARRU 0000007 501314 1052729 <b>PHONE:</b> 200.00 CR 02 FC:1633 500.00 CR 03 FC:1632

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THIS SPACE RESERVED FOR FINANCE USE ONLY:  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*